

County of Ocean

Parking Garage Video Request

This form is an attachment to the REQUEST FOR GOVERNMENTAL RECORDS and is for the purpose of providing specific details pertaining to any incident in the County Parking Garage and video search, which may or may not have recorded the incident on the garage surveillance system. This form consists of two parts: Part A is the narrative information for the video request and Part B is the physical layout of the garage to be marked where the incident occurred.

In order to perform a video search, both forms need to be completed.

PART A

Date of Incident: _____ Type of Incident: _____

Details of Incident:

What time did the incident occur: _____ am pm

Who was the Incident Reported to: _____

VEHICLE DAMAGE INFORMATION

Description of Your Vehicle: Make _____ Model _____ Year _____

Color _____ Owner: _____

When did you notice the damage: _____

Damage Location: Drivers side ___ Passenger side ___ Front ___ Rear ___ Quarter

Panel ___ Door ___ Bumper ___ Trunk ___ Hood ___ Roof ___

How was your vehicle parked: Front in ___ Back in ___

What time did you arrive in the garage: _____ am pm

Time damage found: _____ am pm

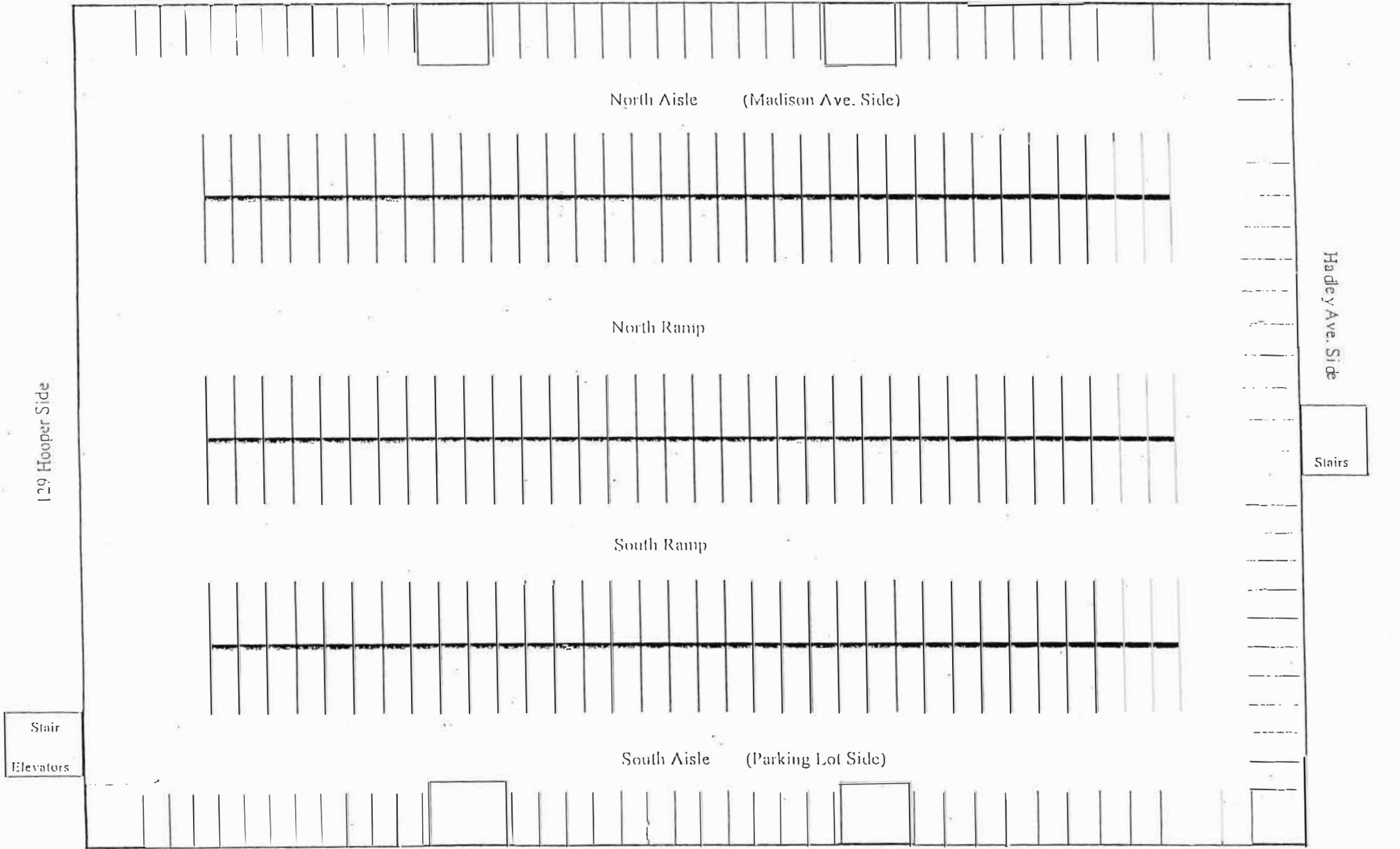
PLEASE COMPLETE PART B TO INDICATE LOCATION OF INCIDENT

NOTICE

THERE MAY BE AREAS OF THE GARAGE NOT ACCESSIBLE TO VIDEO OR AREAS TOO DISTANT FROM A CAMERA TO IDENTIFY DETAILS OF INCIDENTS WHICH MAY HAVE OCCURRED. ALSO, THE INCIDENT MAY HAVE OCCURRED BEYOND THE RECORDING LIMITS OF THE SURVEILLANCE SYSTEM.

PART B
Parking Garage Incident Diagram

Day/Date: _____ Time: _____ Am/Pm Level: _____ Section: _____ Completed by: _____



Name: _____ Phone: _____ Vehicle Make, Model, Year & Color: _____

Address: _____ Town, State, Zip: _____